PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		— 11010	iia, ivi	1 33020-23	01					
DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		May 24	Second Ser to County Su to State Supe	perintende rintendent	
COMPL	ETE THI	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	ANSPORTAT	ION:	
This clain	n is for the	period beginning	!		,	20 and	ending		, 20	_•
				month	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District					Die	trict Level:	
County.			District	•				Dis	uict Levei.	
05 Carb	on		0056	Red Lod	ge Elem			Ele	ementary	7
D4	District #	Route		Miles	Rate Per Mile	C	T	Days		Bus Driver's
Percentage	#	#		Per Day		Capacity	Inspection	Operated	1	Social Security #
58	1	1		109.8	1.36	66	12/30/04	-		
58	1	2		101	1.36	66	12/30/04			
58	1	3		91.8	1.36	66	12/30/04			
58	1	4		37.4	1.36	66	12/30/04			
58	1	4A		8	1.36	66	12/30/04			
58	1	5		55	1.36	66	12/30/04		_ _	
58	1	6		253	0.95	19	12/30/04	-		

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1	to Cou	emester inty Superin ate Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	OR STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	ANSPORT	TATION:	:	
This clain	n is for the	period beginning	g		,	20 and e	ending		,	20	
				month	day			month	da	ay	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:	y: District:								District Le	evel:	
05 Carb	05 Carbon 0057 Red Lodge H S								High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	D	ays rated	I	Bus Driver's cial Security #
42	1	1		109.8	1.36	66	12/30/04				
42	1	2		101	1.36	66	12/30/04				
42	1	3		91.8	1.36	66	12/30/04				
42	1	4		37.4	1.36	66	12/30/04				
42	1	4A		8	1.36	66	12/30/04				
42	1	5		55	1.36	66	12/30/04				
42	1	6		253	0.95	19	12/30/04				

PI

2

100

2

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

58

1.15

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	Г 59620-25	01		School Bus	Transportati	ion	County	
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning						20 and	ending		, 20	.•	
	month day						r	nonth	day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County: District:								Dist	rict Level:		
05 Carbon 0059 Bridger K-12 Schools						ools		Hig	gh School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	ı	Bus Driver's Social Security	
100	2	1		43.6	1.15	54	01/07/05				

53

01/07/05

PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 05 Carbon 0060 Joliet Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage # Per Mile Capacity Inspection 67 7 1 62 1.57 72 01/18/05 7 2 67 70 1.36 65 01/18/05 7 2A79.3 65 01/18/05 67 1.36 7 3 71.6 1.57 70 01/18/05 67 7 4 71 67 50.6 1.57 01/18/05 67 7 5 47 1.57 72 01/18/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	,								
D 4 (1970) C	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester o County Superin o State Superinter	tendent		
COMPLETE THIS CLAIM	FOR STA	ATE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	1		
This claim is for the period beginn						and ending			
		monti	day			iontii ua	ау		
CERTIFICATION:									
The information on this form is co	mplete and	accurate to the	e best of my kno	owledge.					
Date	Signature, Chair, Board of Trustees								
County:	District:					District Le	vel:		
05 Carbon	0061 Joliet H S				High School				
Percentage # Rou	te	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
33 7 1		62	1.57	72	01/18/05				
33 7 2		70	1.36	65	01/18/05				
33 7 2A		79.3	1.36	65	01/18/05				
33 7 3		71.6	1.57	70	01/18/05				
33 7 4		50.6	1.57	71	01/18/05				
33 7 5		47	1.57	72	01/18/05				

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School District Claim for State Reimbursement for School Bus Transportation

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOOL BUS	S TRANS	PORTATION	:	
This clain	n is for the	period beginning	I		,	20 an	d ending			, 20	
			1	nonth	day			mont	th d	lay	
CERTIF	[CATIO]	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County:	nty: District:							District L	evel:		
05 Carb	on	0069 Roberts K-12 Schools High			0069 Roberts K-12 Schools			High S	School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y Inspect	tion	Days Operated	s	Bus Driver's ocial Security #
100	5	1		61.6	1.36	60	01/05	/05			
100	5	2		105.2	0.95	40	01/05	/05			
100	5	3		52	0.95	47	01/05	/05			
''							•				

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester	Second S
DUE DATES:	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County S May 24 to State Sup
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	R SCHOOL BUS TRANSPORTA

DUE DATES:		February 1	First Semester to County Superintendent to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	ANSPORTATION:		
This clain	n is for the	period beginning	, 20			20 and en	nding	,	_, 20	
			1	month	day			month da	ny	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	Signature, Chair, Board of Trustees						
County:			District	District: District Level:					vel:	
05 Carb	on		0071 Fromberg Elem				Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	30	1		56	1.36	60	12/21/04			
50	30	1A		56	1.57	71	12/21/04			
50	30	2		57.4	1.57	71	12/21/04			
50	30	2A		57.4	1.57	71	12/21/04			

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District

6

6

6

6

Percentage

50

50

50

50

Route

#

1

1A

2

2A

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

Miles

Per Day

56

56

57.4

57.4

Rate

Per Mile

1.36

1.57

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

State	
District	
County	

Bus Driver's

Social Security #

	— нете	ena, WH 5962U-2	501			-			
DUE DATES:	February 1	First Semester to County Super 5 to State Superi			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning							, 20		
		month	day			month	day		
CERTIFI	CERTIFICATION:								
The inform	nation on this form is comp	olete and accurate to	the best of my ki	nowledge.					
Date		Signature, Chair, Bo	ard of Trustees						
County:		District:					District Level:		
05 Carbo	on	0072 Frombo	erg H S				High School		

Capacity

60

71

71

71

Inspection

12/21/04

12/21/04

12/21/04

12/21/04

0	PI	

100

33

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena MT 59620-2501

80

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, MT 5	59620-25	01		School Bus	s Transpo	ortation	County
DUE DATES:		February 1 February 1	5 to State	y Superin Superint	endent	ATT EOD CO	May 24	to Count to State S	d Semester y Superinter	tendent ndent
				E KEIVIF			HOOL BUS TR	ANSPUR		
This claim	ı is for the p	eriod beginning				, $20_{}$ and ϵ	nding		,2	20
			mo	nth	day			month	da	y
CERTIFI	CATION									
The inform	mation on th	is form is comp	olete and acc	curate to th	e best of my kı	nowledge.				
Date			Signature,	Chair, Board	d of Trustees					
County:			District:						District Lev	vel:
05 Carbo	on		0073 E	Edgar E	lem				Elemen	itary
District Route				Miles Por Dov	Rate	Consoity	Ingrestion		Days	Bus Driver's

48

12/21/04

PI

School District Claim for State Reimbursement for **School Bus Transportation**

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 05 Carbon 0076 Belfry K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Inspection Operated Social Security # Percentage # 100 3 1 61.6 1.15 59 01/07/05 2 3 100 45.2 0.95 34 None 100 3 3 59.8 0.95 41 01/07/05 100 3 0.95 34 3A 81 None

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation			
DUE DATES:							Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	IOOL BUS TRAN	NSPORTATIO	N:	
This claim is for the period beginning					, 20 and ending				, 20	
			1	month	day		m	onth	day	
CERTIF	ICATIO	N:								
The info	mation on	this form is comp	lete and	accurate to th	e best of my kr	nowledge.				
Date	Date Signature, Chair, Board of Trustees									
County: District:							District Level:			
County. District.						District Level.				
05 Carbon 1231 Luther Elem						Elementary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	9/10	1		116	0.95	35	01/02/05			